



BB

RCC

Fern Beauchamp
c/o #33 - 2280 Munn's Ave
Oakville, Ontario
Canada L6H 3L1

(905) 842-7676

May 17, 2004

The Commissioner of Patents
The United States Patent
& Trademark Office

2011 South Clark Place
Customer Window, Mail Stop: ~~New Patent Application~~
Crystal Plaza Two, Lobby, Room 1B03
Arlington, Virginia
U.S.A. 22202

RECEIVED**MAY 18 2004****OFFICE OF PETITIONS**

Re: ~~Re:~~ United States Patent Application 09/902,712
Title: **MULTI-BIT DRIVER**
Priority: U.S. Provisional Patent Application 60/219,446 filed July 20, 2000
Inventor: Fern Beauchamp
Reference No.: 044 GG-04-US

Dear Sir:

Please find enclosed herewith the necessary formal papers for filing a Request for Continued Examination for United States Patent Application as identified above, including the following:

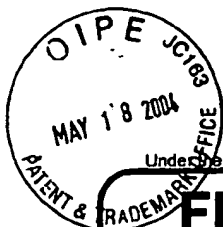
- (1) RCE form
- (2) Voluntary Amendment
- (3) Information Disclosure Statement (and copies of required prior art documents)
- (4) Check in the amount of \$797 to cover the RCE fee and additional claims fees
- (5) Fee Transmittal Form
- (6) Revocation of Attorney or Agent Document
- (7) Credit card Payment Form

It is believed that the documents listed above are complete and correct, and are in order for filing of this Request for Continued Examination.

Respectfully submitted,

Fern Beauchamp

Enclosures



PTO/SB/17 (10-03)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 797.00

Complete if Known

Application Number 09/902,718
Filing Date July 12, 2001
First Named Inventor BEAUCHAMP, Fern
Examiner Name SMITH, James G.
Art Unit 3723
Attorney Docket No. 044 GG-04-US

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit Account Number
Deposit Account Name

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments

☐ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims 61 -20** = 41 x 9 = 369
Independent Claims 4 -3** = 1 x 43 = 43
Multiple Dependent

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$) 412

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1480 130	1480 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1808 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	385
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 385

SUBMITTED BY

Name (Print/Type) Fern Beauchamp
Registration No. (Attorney/Agent)
Telephone 905-842-7676
Signature *F. Beauchamp*
Date May 17, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



ER 140512133 US

**EXPRESS
MAIL**

UNITED STATES POSTAL SERVICE®

Customer Copy
Label 11-B September 2002**Post Office To Addressee****ORIGIN (POSTAL USE ONLY)**

PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second <input type="checkbox"/>	Flat Rate Envelope <input type="checkbox"/>
Date In Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 1 PM	Postage \$
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee \$
Weight lbs. ozs.	1st Alpha Country Code	1000 Fee Insurance Fee \$
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$

FROM: (PLEASE PRINT) PHONE (915) 444-4143

BRAD LITTLE/FERN BEACH CAMP
135-2240 MOUNTAIN AVE
OXFORD ONT
L6H 3L1

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.com

PRESS HARD. You are making 3 copies.

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT
Express Mail Corporate Acct. No. ☐ **WAVES OF SIGNATURE (Domestic Only)**
Additional merchandise insurance is valid if waiver of signature is requested.
I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

Federal Agency Acct. No. or Postal Service Acct. No.

NO DELIVERY☐ Weekend ☐ Holiday

Customer Signature

TO: (PLEASE PRINT)

PHONE (703) 303-4257

U.S. PATENT OFFICE
2011 SOUTH CLARK PLACE
CUSTOMER WINDOW: MAIL STOP 312C
CRYSTAL PLAZA II, LOBBY, ROOM 1B03
ARLINGTON VA

2	2	2	0	2	+				
---	---	---	---	---	---	--	--	--	--

ZIP + 4